

**The Talmud says, "As my ancestors planted for me, so do I plant for those who will come after me".**

**I/We declare my/our commitment to help sustain a vibrant Jewish community for generations to come.**

## DONOR INFORMATION

### PLEASE PRINT

Name(s): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We prefer to be contacted (circle one):      Email      Phone      Text      Postal mail

## COMMITMENT

- ☐ I/We have already committed to a legacy gift and it is legally documented
- ☐ Today I/We make a/our commitment & will legally formalize it within the next \_\_\_\_\_ months (12 or less)

Donor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

*This commitment does not create a legal obligation and may be modified by the donor(s) at any time.*

## AREAS OF INTEREST

My legacy gift will be designated for the area(s) of interest selected:

- |  |   |
|--|---|
| <input type="checkbox"/> Lion of Judah Endowment (LOJE)  | <input type="checkbox"/> Day Schools            |
| <input type="checkbox"/> Unrestricted Endowment          | <input type="checkbox"/> Israel                 |
| <input type="checkbox"/> Annual Campaign Endowment (ACE) | <input type="checkbox"/> Volunteering           |
| <input type="checkbox"/> Senior Adults                   | <input type="checkbox"/> Arts & Culture         |
| <input type="checkbox"/> Disabilities                    | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Mental Health & Addiction       | <input type="checkbox"/> Social Justice         |
| <input type="checkbox"/> Financial Assistance            | <input type="checkbox"/> Associated Agency(s)   |
| <input type="checkbox"/> Abuse & Trauma                  | _____   |
| <input type="checkbox"/> Jewish Education                | _____   |
| <input type="checkbox"/> Jewish Camp                     |   |

## GIFT INFORMATION – Optional

- ☐ Gift in Will or Trust
- ☐ Beneficiary of Retirement Plan
- ☐ Beneficiary of Life Insurance Policy
- ☐ Cash
- ☐ Gift that provides lifetime income
- ☐ Gift that provides income to heirs
- ☐ Other: \_\_\_\_\_

The value of my gift will be \$\_\_\_\_\_ or \_\_\_\_\_%.

## PERMISSION TO LIST

To encourage others to make commitments to the future, I/we permit my name to be listed as follows:

- ☐ I/We wish to remain anonymous at this time

## CONTACT INFORMATION

**PLEASE COMPLETE AND RETURN OR SCAN THIS FORM TO:** Donna Kasoff, Director of Endowment Development,  
The Associated: Jewish Federation of Baltimore, Inc., 410-369-9256, [dkasoff@associated.org](mailto:dkasoff@associated.org)  
101 W. Mount Royal Avenue | Baltimore, MD 21201

**The Associated: Jewish Federation of Baltimore is here to assist you in fulfilling your philanthropic goals.**